

FACE Page

**STATE OF SOUTH DAKOTA'S
FFY 2006 PATH FORMULA GRANT APPLICATION**

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PROGRAM NARRATIVE

A. EXECUTIVE SUMMARY

Through the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program (P.L. 101-645, Title V, Subtitle B), the South Dakota Department of Human Services, Division of Mental Health will make funds available to accredited community mental health centers (CMHCs). PATH funds are made available to 88% of the counties in South Dakota through the community mental health centers. South Dakota's eleven community mental health centers cover all counties. Nine of the eleven community mental health centers have chosen to participate in PATH. Funding will be allocated to the community mental health centers as follows:

Behavior Management Systems	BMS	Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Mead, Pennington, and Shannon Counties.	\$101,535.00
Community Counseling Services	CCS	Lake, Miner, Moody, Beadle, Hand, Jerauld Counties.	\$5,000.00
Dakota Counseling Institute, Inc	DCI	Aurora, Brule, Davison, Hanson, and Sanborn Counties.	\$7,100.00
East Central Mental Health & CD Center	ECMH	Brookings	\$1,400.00
Human Service Agency	HSA	Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, and Roberts Counties.	\$2,000.00
Lewis & Clark Behavioral Health Services	L&CBHS	Bon Homme, Clay, Charles Mix, Douglas, Hutchinson, Union, and Yankton Counties.	\$7,000.00
Northeastern Mental Health Center	NEMH	Brown, Campbell, Day, Edmunds, Faulk, McPherson, Marshall, Potter, Spink, and Walworth Counties.	\$1,500.00

Southeastern Behavioral HealthCare	SEBH	Lincoln, McCook, Minnehaha, and Turner Counties.	\$159,965.00
Southern Plains Behavioral Health Services	SPBH	Gregory, Mellette, Todd, and Trip Counties.	\$2,500.00

In order to make the best use of PATH funds, the Division of Mental Health (DMH) has divided funds into two separate categories. **Category 1** is for the provision of direct mental health services. **Category 2** is for the provision of one-time rental assistance and security deposits. These funds will be made available to provide the following services: outreach services; screening and diagnostic treatment services; habilitation and rehabilitation services; community mental health services; alcohol or drug treatment services; staff training; case management; supportive and supervisory services in residential settings; referrals for primary health services, job training, educational services and relevant housing services; minor renovation, expansion, and repair of housing; planning of housing; technical assistance in applying for housing assistance and improving the coordination of housing services; security deposits; and one-time rental assistance to prevent eviction.

In FFY08, the SD Division of Mental Health anticipates that 483 individuals who are homeless and have a serious mental illness, or individuals with a serious mental illness and a co-occurring substance abuse disorder, will receive services through PATH Grant funding. The Department of Human Services/Division of Mental Health agree to comply with the web-based Government Performance and Results Act (GPRA) for submission of performance data, when CMHS completes final implementation of the electronic data collection and reporting system.

B. STATE-LEVEL INFORMATION

1. Definitions

a. Homeless individual – an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.

b. Imminent Risk of becoming homeless – is defined as doubled-up living arrangement where the individual's name is not in the lease, living in a condemned building without a place to move, arrears in rent/utility payments, having received an eviction notice without a place to move, living in temporary or transitional housing that carries time limits, being discharged from a health care or criminal justice institution without a place to live.

c. Severe and persistent mental illness – The Division of Mental Health utilizes the following criteria in defining a severe and persistent mental illness:

A severe and persistent emotional, behavioral, or psychological disorder which has caused an individual to experience at least one of the following:

- Undergone psychiatric treatment more intensive than outpatient care more than once (e.g., emergency services, alternative residential living, or inpatient hospitalization);
- Has experienced a single episode of psychiatric hospitalization with an Axis I or Axis II diagnosis;
- Be maintained with psychotropic medication for at least one year;
- Frequent crisis contacts with mental health providers for more than six months.

AND

The severe and persistent emotional, behavioral, or psychological disorder has caused the individual to experience at least three of the following:

- Unemployment or markedly limited job skills and/or poor work history;
- Exhibits inappropriate social behavior which results in concern by the community and/or requests for mental health or legal intervention;
- Inability to procure appropriate support services without assistance;
- Requires public financial assistance for out of hospital maintenance;
- Lacks social support systems in a natural environment (e.g., no close friends, lives alone, or is isolated)

Serious Emotional Disturbance – is defined as

1. Is under 18 years of age or is 18-21 years of age and needs a continuation of services that were started before age 18, in order to realize specific goals or during the transition to adult services.
2. Exhibits behavior resulting in functional impairment which substantially interferes with, or limits the individual's role or functioning in the community, school, family, or peer group;
3. Has a mental disorder diagnosed under the DSM-IV-TR;
4. Has demonstrated a need for one or more special care services, in addition to mental health; and
5. Has problems with a demonstrated or expected longevity of at least one year or has an impairment of short duration and high severity.

d. Co-occurring serious mental illness and substance use disorder – An individual with a co-occurring mental illness and substance use disorder exhibits serious mental illness and a chemical dependency/substance abuse diagnosis (or conditions associated with such disabilities that may not be clearly diagnosable). For purposes of this application, multi- or dual- diagnosis will refer to co-occurring severe and persistent mental illness and chemical dependency or substance abuse.

Substance dependence – A maladaptive pattern of substance use, leading to clinically significant impairment or distress, manifested by three (or more) of the following, occurring at any time in the same 12 month period:

1. tolerance, as defined by either of the following:
 - a. a need for markedly increased amounts of the substance to achieve the intoxication or desired effect;
 - b. markedly diminished effect with continued use of the same amount of the substance
2. withdrawal, as manifested by either of the following:
 - a. the characteristic withdrawal syndrome for substance abuse
 - b. the same (or closely related) substance is taken to relieve or avoid withdrawal symptoms
3. the substance is often taken in larger amounts or over a longer period than was intended
4. there is a persistent desire or unsuccessful efforts to cut down or control substance use
5. a great deal of time is spent in activities necessary to obtain the substance (e.g., visiting multiple doctors or driving long distances), use the substance (e.g., chain-smoking), or recover from its effects
6. important social, occupational, or recreational activities are given up or reduced because of substance use
7. the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance (e.g., current cocaine use despite recognition of cocaine-induced depression, or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).

Substance abuse – A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

1. recurrent substance use resulting in failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performances related to substance use; substance-related absences suspensions, or expulsions from school; neglect of children or household)
2. recurrent substance use in situations in which it is physically hazardous (e.g., driving an automobile or operating machinery)
3. recurrent substance-related problems (e.g., arrests for substance –related disorderly conduct)
4. continued substance use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of the substance (e.g., arguments with spouse about consequences of intoxication or physical fights)

The symptoms have never met the criteria for Substance Dependence for this class of substance.

2. Needs assessment

The State of South Dakota is a predominantly frontier State comprised of 66 counties and 76,536 square miles, which includes nine Indian Nations covering approximately 15,000 square miles. The approximate population of South Dakota according to the Annual Estimates of the Population for Counties of South Dakota: April 1, 2000 to July 1, 2005 (completed by the U.S. Census Bureau) is 775,933 as of July 1, 2005. Of the State's total population, 8.3% is Native American and 88.7% is white. Thirty-five of the State's 66 counties are classified as frontier (less than 6 persons per square mile) while 30 are considered rural (6 to 99 persons per square mile). Only one county is classified as urban (100 or more persons per square mile).

The South Dakota Department of Education conducted a statewide assessment to determine the number of individuals who are homeless. The 1999 Quantitative Assessment of Estimated Number of Homeless Adults, Children and Youth in South Dakota and the use of the Annual Estimates of the Population for Counties of South Dakota: April 1, 2000 to July 1, 2005 (completed by the U.S. Census Bureau) identified 8,676 individuals as homeless. Based on the July 1, 2005 population estimates, this is 1.11% of the State's total population. The number of individuals who are homeless and have a mental illness in South Dakota is projected to be 2,603. This figure is 30% of the 8,676 estimated homeless individuals in the State. The estimated breakdown by region is:

Yankton Area	=	198	Total Homeless X 30% =	59	Homeless with SPMI/SED
Aberdeen Area	=	416	Total Homeless X 30% =	125	Homeless with SPMI/SED
Pierre Area	=	490	Total Homeless X 30% =	147	Homeless with SPMI/SED
Lemmon Area	=	103	Total Homeless X 30% =	31	Homeless with SPMI/SED
Huron Area	=	244	Total Homeless X 30% =	73	Homeless with SPMI/SED
Mitchell Area	=	193	Total Homeless X 30% =	58	Homeless with SPMI/SED
Brookings Area	=	117	Total Homeless X 30% =	35	Homeless with SPMI/SED
Watertown Area	=	301	Total Homeless X 30% =	90	Homeless with SPMI/SED
Rapid City Area	=	2,532	Total Homeless X 30% =	760	Homeless with SPMI/SED
Sioux Falls Area	=	2,821	Total Homeless X 30% =	846	Homeless with SPMI/SED
Winner Area	=	92	Total Homeless X 30% =	28	Homeless with SPMI/SED
Reservation Areas	=	1,171	Total Homeless X 30% =	351	Homeless with SPMI/SED

- 1999 was the last Quantitative Assessment of Estimated Number of Homeless Adults, Children, and Youth that was published in South Dakota. This and Annual Estimates of the Population for Counties of South Dakota: April 1, 2000 to July 1, 2005 (completed by the U.S. Census Bureau) was used to establish a calculation to apply to the (1999 Quantitative Assessment of estimated Number of Homeless Adults, Children, and Youth) data that would assume the growth of homeless from 1999-2005.
- The community mental health center's catchment area includes the reservations.

3. PATH selection process

Upon the receipt of the Federal guidance for application, the Division of Mental Health solicited applications from community mental health providers.

Applicants were required to submit the information specified in the intended use plan of the application. Requested information included PATH program development issues, consumer and family participation in planning, implementation and evaluation, and commitment to provide services that are culturally competent, gender sensitive, and age appropriate, and development and use of outcome measures pertaining to PATH funded services. Upon receipt of the federal funding award, purchase of service agreements will be implemented specifying the level of funding and performance requirements.

These projects are required to provide services that are currently not available through the traditional mental health funding mechanisms. Additional consideration is given to serving minority populations and/or veterans. Each PATH funded mental health services provider will be required to provide training to local service providers in identification, referral, and program development.

3.a. PATH funds are allocated to nine of the eleven community mental health centers throughout South Dakota. The allocation amounts are based on the need for services as estimated in Section B.2. The more urban areas of Sioux Falls and Rapid City have the largest homeless populations; therefore, the need for funding to address the issue of homelessness is greatest in these locations. Although smaller numbers are seen in other areas of the state, homelessness remains an issue statewide. Due to this, a smaller amount of funding has been allocated to seven of the nine community mental health centers.

Funds will not be allocated to any entity that (1) has a policy of excluding individuals from mental health services due to the existence or suspicion of substance abuse, or (2) has a policy of excluding individuals from substance abuse services due to the existence or suspicion of mental illness.

3.b. The Federal Veterans' Administration facilities include hospitals in Sioux Falls, Hot Springs and Sturgis. These hospitals fall within the identified two areas within South Dakota that receive the highest amount of funding through the PATH grant. Individuals accessing services at these facilities are welcomed and encouraged to access community mental health center services. PATH providers collaborate with the VA to provide needed services to homeless veterans.

4. Coordination with State Plan

The PATH project interfaces with the goals and objectives identified and implemented for individuals with severe and persistent mental illness and/or dually diagnosed and children with serious emotional disturbances, as stated in the FFY2008 Community Mental Health Services Block Grant Application (See Appendix B). These sections address targeted services to homeless and rural populations.

The Division of Mental Health, in conjunction with the Mental Health Planning and Coordination Advisory Council, has the responsibility to establish a system of public mental health services to meet consumers' needs. Through purchase of service

agreements with eleven non-profit community mental health centers the Division of Mental Health funds services through the Continuous Assistance, Rehabilitation and Education (CARE) program to individuals with severe and persistent mental illness (SPMI), the children's SED program for children with serious emotional disturbance (SED). Each of the community mental health centers are responsible for a certain geographic area in which they provide services, known as their catchment area. These services are funded through several different ways: block grant dollars, Medicaid, and State contract dollars.

The primary goal of PATH is the identification and provision of services to individuals with a severe mental illness and/or dually-diagnosed with serious, who are homeless, and who have not previously been served or served successfully by community mental health centers. The PATH program commonly refers individuals to the CARE programs available through the eleven community mental health centers in South Dakota.

Additionally, consumers who are unable or unwilling to access existing services will be considered eligible for PATH-funded services. This will result in the availability of comprehensive services that are responsive to individual needs and circumstances.

It is assumed that many of the individuals eligible for services under PATH have historically not linked with the community mental health center system or have received limited services due to sporadic utilization. The ability to provide services in a variety of locations and to consumers who are not tied to a specific funding source should assist individuals in accessing the necessary supports in a less intrusive, more comfortable fashion. An additional benefit is the flexibility for staff to monitor consumer status in a non-clinical setting.

5. Use of block grant dollars

South Dakota does not specifically designate mental health block grant, substance abuse block grant, or general revenue funds to people who are homeless and have serious mental illnesses and/or substance abuse disorders.

6. State oversight

The South Dakota PATH project anticipates it will provide direct services to approximately 483 individuals who are homeless and have severe and persistent mental illness and/or dual diagnosis. The specific services provided will include outreach; screening and diagnostic treatment; habilitation and rehabilitation; community mental health services; alcohol and drug treatment services; staff training; case management; supportive and supervisory services in residential settings; referrals for primary health services, job training, educational services and relevant housing services; or the allowable housing services as defined by the legislation.

The previously identified assurances will be required, as will monthly fiscal reports. PATH providers are required to submit a Fiscal Report detailing the monthly

expenditures by July 14, 2008, August 15, 2008, September 12, 2008, October 15, 2008, November 14, 2008, December 12, 2008, January 15, 2009, February 9, 2009, March 9, 2009, April 15, 2009, May 15, 2009, and June 15, 2009.

The Division of Mental Health has also required additional quarterly information from the providers to gather information necessary for measuring FFY2008 Community Mental Health Services Block Grant. The Department of Human Services/Division of Mental Health will monitor all projects and provide technical assistance in both program and fiscal operations. As mandated in the Administrative Rules of South Dakota, Accreditation Reviews of all mental health centers occur every two years, along with follow-up visits during the off years. The Division of Mental Health regularly reviews PATH services during these site visits, although no formal written protocols exist at this time. During the PATH site visit, interviews are conducted with the PATH contact and the Executive Director of the community mental health center. Record reviews, financial records and match information and one-time rental and security deposit assistance reviews are also conducted.

7. Training opportunities

The State does allow for PATH funds to pay for or support training for local PATH-funded staff. The State of South Dakota does not allocate an amount out of the \$300,000.00 for the sole purpose of training. However, if technical assistance from the Center for Mental Health Services would be offered then all PATH providers would be encouraged to participate in that technical assistance.

In addition, PATH providers are able to include a request for a certain dollar amount for training that would be included in their Intended Use Plan as well as their line item budget.

8. Source for required matching non-federal contributions

CHMC	Matching Source
BMS	Pennington County
CCS	“in kind” and City/County funds
DCI	“in kind”
ECMH	Foundation Board
HSA	County funds
L&CBH	County funds and “in-kind”
NEMH	General Operating Funds (NEMH Revenue)
SEBH	“in kind”, City, and SEBH funds
SPBH	“in kind”

PATH providers must provide documentation to substantiate the provision of \$1.00 local matching funds for each \$3.00 of federal funds expended. This is reflected in PATH Contracts that each PATH provider must sign before each PATH provider is to submit a Fiscal Report detailing the monthly expenditures by

July 14, 2008, August 15, 2008, September 12, 2008, October 15, 2008, November 14, 2008, December 12, 2008, January 15, 2009, February 9, 2009, March 9, 2009, April 15, 2009, May 15, 2009, and June 15, 2009.

9. Opportunity for public comment

The State's Mental Health Planning and Coordination Advisory Council, which is made up of consumers, family members, mental health, substance abuse, and housing agencies, is involved in providing recommendations to the Division of Mental Health on programming and initiatives including PATH.

This Council meets at least quarterly. The general public is always welcome to attend and the notice of the dates is available on the Division of Mental Health's (DMH) homepage through the calendar of events. Due to the time constraints of the PATH Application release/due date and the Council's last meeting, the PATH Application was not made available to the Advisory Council this time. It is our intent to coordinate this effort better for FFY09 PATH Application. A public notice will be placed in several South Dakota newspapers notifying the public of the draft and requesting feedback. A copy of the draft plan will also be placed on the DMH website for public viewing. If changes were identified, we would submit a modification to the grant with those identified changes.

C. INTENDED USE PLAN – LOCAL PROVIDER INFORMATION

The Division of Mental Health will make funds available to accredited community mental health centers statewide to provide outreach services; screening and diagnostic treatment services; habilitation and rehabilitation services; community mental health services; alcohol or drug treatment services; staff training; case management; supportive and supervisory services in residential settings; referrals for primary health services, job training, educational services and relevant housing services; minor renovation, expansion, and repair of housing; planning of housing; technical assistance in applying for housing assistance and improving the coordination of housing services; security deposits; and one-time rental assistance to prevent eviction.

The Department of Human Services/Division of Mental Health will retain 4% (\$12,000) for administration of the project. The specific activities will include the grant application and reporting processes, the provision of technical assistance to local service providers, participation on state-level interagency homeless initiatives and state-level interagency multi-diagnosis initiatives. The 4% will also be utilized to recoup indirect costs associated with the grant including business management and accounting functions.

The Division of Mental Health, in order to make the best use of PATH funds, has divided the services and funds into two separate categories. \$255,600 has been allocated for direct mental health services through Category 1. Category 2, for the provision of one-time rental assistance and security deposits, has been allocated at \$32,400.

Information about all prospective PATH providers is located in the following section of this application. As stated earlier in the application, nine of the eleven community mental health centers have chosen to receive PATH funds.

INDIVIDUAL PROVIDER DESCRIPTION

BEHAVIOR MANAGEMENT SYSTEMS, INC. 350 ELK STREET RAPID CITY, SD 57701-7388

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Behavior Management Systems, INC., (BMS) is a private non-profit community mental health center. BMS serves the counties of Bennett, Butte, Custer, Fall River, Harding, Jackson, Lawrence, Meade, Pennington, and Shannon. Services provided include: outpatient services, emergency services, consultation and education services, services to children with serious emotional disturbances, and services to adults with severe and persistent mental illness (SPMI). SPMI services include: case management, crisis assessment and intervention, liaison services, symptom assessment and management, medication prescription, administration, monitoring, and documentation; direct assistance for basic necessities of daily life, development of psychosocial skills, and encouragement of family participation. However, most of the services are concentrated in the Rapid City area as the majority of the homeless located in the more urbanized community setting where services and supports are more readily available and accessible.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

BMS is requesting \$93,535.00 Federal PATH funds to support mental health services and \$8,000.00 for Federal PATH funds for security deposits and one-time rental assistance.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008:**

The estimated number of PATH eligible clients who will be served by BMS through the use of the requested FY2008 PATH funds is 102. Of those 102 individuals, 45% will be literally homeless and 55% will be at imminent risk of becoming homeless.

- b. Specific services to be provided:**

Outreach: will consist of identifying, linking, connecting, supporting, encouraging, counting, engaging, and doing what is necessary to assist those who are homeless or at risk of becoming homelessness. This service will be provided by the homeless outreach team. The referrals received by BMS are routed to the screening/homeless outreach coordinator for follow-up.

Referrals are obtained in a number of ways in the community; namely from collaboration with other agencies. The primary “in-reach” referral sources are Cornerstone Rescue Mission (Mission), Pennington County Jail, Detox, Regional West Behavioral Health (psychiatric hospital), and Indian Health Services. Self referrals, concerned family members, and internal employees also provide recommendation for eligible PATH clients regularly. The “out-reach” referrals are obtained from the annual State Homeless Count and from the newly established Homeless Connect, which is the event where local agencies are gathered in one location to serve the homeless population that day. This will be taking place bi-annually.

This referral process will continue to be the primary source of locating the homeless population in the community or assisting agencies outside our service area to understand our homeless services.

Screening and diagnostic treatment: The homeless outreach coordinator will complete the intake and needs assessment on each individual to determine which service or community organization will best serve each client with their specific issues such as: mental health, medical issues, or addiction issues. Once the individual’s needs have been identified they will be routed to the appropriate team member to carry out the service.

When the individual’s needs have been quantified into measurable goals, a clinical treatment plan will be developed and documentation on every meeting will be kept. Once opened, a homeless client can then be seen by the homeless outreach coordinator for therapy sessions and be assisted in or referred for medication management. The homeless outreach worker can also assist this person with housing issues, obtaining financial entitlements, and provide support while the person is attempting to defeat homelessness. Having this process in place ensures that individuals do not fall through the cracks before they can reach CARE services, if they are needed.

Habilitation and Rehabilitation: The PATH-supported Homeless Outreach Program will provide linkage to all homeless individuals with a mental illness in the community, as well as support services that encourage habilitation and rehabilitation. This programming is providing direct services to the client, which is being supplied by the Screening coordinator, homeless outreach coordinator, and the homeless outreach worker.

Each individual in the Outreach Program will be responsible for a number of different tasks as well as some overlapping of services. The homeless outreach coordinator will field most of the referrals that come into the homeless program. She will also be involved in providing light case management, returning phone calls and assisting in developing vocational services for those who wish to work. The homeless outreach coordinator will handle the referrals from the mission, provide therapy, link to appointments and evaluations for medication assistance, and make sure all the homeless

charts and paperwork are up to date and accurate. The homeless outreach workers will also be accountable for providing case management to those individuals on the waiting list and assist in filling out Patient Assistance Program (PAP) forms for medication, link to appropriate appointments, and advocate on behalf of the clients.

Services may also be provided through a referral to an appropriate alternative service agency, such as Vocational Rehabilitation. For example, it may be necessary to refer an individual to Vocational Rehabilitation services in order to provide linkage to the work force. An alternative to the direct referral to Vocational Rehabilitation may come as a referral through the Career Learning Center to learn the basic skills necessary to prepare them for a career, or complete their education. Some habilitation services may be needed to complete a GED or to maximize their potential to become self-sufficient. A math or computer skills class can be taken in conjunction with PATH services. Others may need rehabilitation through a drug and/or alcohol treatment program.

Community Mental Health: Whenever a client is eligible for CARE or IMPACT services, the homeless outreach coordinator makes direct links to these services. If the individual meets the criteria for CARE services, but is faced with a waiting list, the homeless outreach coordinator and homeless outreach worker will provide services until the person can be admitted to the CARE program. For the homeless individual who does not meet eligibility requirements for services under CARE or IMPACT, the homeless program will provide therapy, case management and support until a link with the Community Health Center services or private physicians can be made for medication needs. These clients will be followed in the community for recovery needs.

For the therapeutic and medication needs to those that have served in the military or have a Native American heritage, referrals to Indian Health Services and the Veterans Administration are made when appropriate.

Alcohol and Drug Treatment: All internal and external referrals regarding addiction and dependency issues are received and assessed by the homeless outreach coordinator. Patients are referred to an outside agency for continued services if they cannot be provided here. When the outreach coordinator refers to the appropriate location, such as a treatment center, one of the homeless outreach workers will then follow that individual through their recovery process and provide support and encouragement. Once they are released from treatment they are seen by the outreach coordinator for therapy and the homeless outreach worker for case management.

Referrals to a Detox program for detoxification, treatment and other support systems such as Alcoholics Anonymous/Narcotics Anonymous are currently

being made for the homeless population. This is done by the homeless outreach team.

Staff training, including the training of individuals who work in shelters, Mental Health clinics, Substance Abuse programs and other sites: The PATH team attends trainings, workshops, and conferences as part of their ongoing education to stay abreast on the new techniques in service delivery. The team listens to audio-conferences, attends state consortium meetings, reads up-to-date literature, takes classes and seminars when available and is present at all related community meetings.

The homeless outreach team will provide the information about local service to the homeless or link them with other community agencies that have the relevant information. The homeless outreach team attends trainings throughout the year on specific issues such as CPR, defensive driving, crisis prevention and intervention, quality assurance, suicide prevention, and cultural issues.

Case management: Homeless case management, done by the homeless outreach coordinator is the key component to successful delivery for this special population. Case management connects people to the resources they need. It also spurs local agencies to be involved in the positive building of a provider network with other agencies, maintaining a standard in resource development, and information sharing. The homeless outreach coordinator and the homeless outreach workers will seek to build other strong relationships where the homeless are underserved such as the jails, Indian Health Services, and Detox.

The community case management team that meets at the mission every week is one of the most important meetings the outreach team attends. Many referrals and new community resources are discovered during this meeting. Relationships with various community resources are formed during these meetings. These relationships help to increase the success in accessing regional resources. Recently, the homeless outreach team obtained an “outreach” office located inside the Mission, so that delivery of services can be faster and the homeless outreach team is easier to access.

Supportive and Supervisory Services: In-home support services and residential settings are necessary for success in learning to manage and budget money, setting up a plan for groceries, how to manage leisure time, identifying ways to maximize independence, how to be a good neighbor, tenant, citizen etc.

Referrals for primary health services, job training, and educational services: The PATH funded Homeless Outreach Program uses community wide supports in as many areas as possible. The homeless outreach

coordinator links clients to many different community organizations, service providers and agencies. Some of the most common resources include job-training opportunities through Vocational Rehabilitation, Career Learning Center, Day Labor or Job Services. Referrals are made to the Rapid City Area School District-usually the adult education, GED programs, English as a Second Language. Referrals are also made to the Western Resources for the Dis-Abled Independents, Department of Social Services, Drug and Alcohol treatment and detoxification, Salvation Army, Homeless Health Care, Community Health Care Center and private providers of medical services. South Dakota Advocacy Services is also a referral source for a number of discrimination issues the clients have with agencies in the community. The homeless outreach coordinator and homeless outreach workers also refer individuals to Black Hills Legal Services for help with applying and acquiring social security benefits, tenant-landlord disputes, or other legal issues.

Referrals for Relevant Housing Services Including Minor Renovation, Expansion, Planning for Housing, Technical Assistance in Applying for Housing Assistance, Improving Coordination of Housing Services, Security Deposits, the Costs Associated with Matching Eligible Homeless Individuals with Appropriate Housing Situations and one-time Rental Payments to Prevent Eviction: The homeless outreach coordinator makes referrals to Community Action Program for weatherizing homes, home repairs, replacement of furnaces and home furnishing vouchers. Pennington County Housing is a referral for subsidized housing.

c. Community organizations that provide key services:

- *Pennington County Housing and Redevelopment Authority* provides HUD sponsored Public Housing and Section Eight Voucher Program Certificates for individuals and families who are eligible due to income criteria. During 2005, six agencies came together to participate in another program to help the chronic homeless in the community. The Shelter Plus Care program is able to serve 30 persons with disabilities and who are chronically homeless.
- *Pennington County Health and Human Services (County Welfare)* provides financial support for individuals who meet income guidelines and who have a medical emergency. These funds can assist a family or an individual with a partial payment of rent or a utility if it has been disconnected. Assistance with referrals to the medical community is also provided.
- *Salvation Army* works cooperatively with the PATH supported Homeless Outreach Program to assist those individuals who are income eligible with rent, deposits, gas money for medical emergencies, or when it is necessary to obtain or maintain employment. Assistance can be provided to obtain utility deposits or to reconnect disconnected utilities. A thrift store is also available where furniture, clothing, and household items can be obtained.

- Homeless Health Care and the Community Health Care Center provides medical screenings and medical care for individuals who may also demonstrate issues related to mental health and/or short term mental illness that may not have been previously treated or where the client/consumer has refused mental health services. This is an excellent screening process for individuals who may come into the clinic presenting medical issues, but who are not willing to accept or do anything about their mental health issues.
- Women and Children's House is a family oriented "faith based" transitional home for women and children in Rapid City. This is a home where families, disabled women, and single females can temporarily stay, as opposed to the mission. There is enough space to accommodate over 30 women and children in a fully remodeled 17 bedroom home. Women and children can feel safe, learn to increase their self esteem, and gain confidence while trying to get back on their feet. Women and Children's House staff provide case management and a "work to success program", in which residents of the home work to assist in their own recovery process. The women's home is currently adding on a "children's playroom" that will provide the extra space for the children to play with toys, read books or watch movies. This area will also be used as a supplemental childcare facility for the mothers that are staying there, so they may have support and childcare assistance while they are attending job interviews, going to work, or have a doctor appointment.
- Plank Law Office They are a legal resource to help persons with a mental illness/disability to apply for Social Security benefits and act as an advocate.
- Cornerstone Rescue Mission is a "union gospel mission" that will provide emergency shelter, clothing, and volunteer work for those individuals who are substance free. The Mission will provide three hot meals to a guest that is staying there at night or for those who simply need a place to eat a warm meal. Currently the Mission is adding on to their facility by building a veterans wing. This wing will provide temporary housing for approximately 60 male veterans.
- Thrift store and BMS have devised a voucher system for those who have obtained housing, but lack furnishings for their home. The homeless outreach coordinator gathers demographic information on the individual and places it in a database and then provides the person with an authorized voucher to be taken directly to the store, with specific dollar amounts attached. In return, any donated items such as clothing, household items, and furniture that cannot be used or stored by BMS is donated to the Thrift store.
- The Black Hills Area Food Bank provides an opportunity to obtain groceries when a person first moves into their own home while waiting for food stamps to become activated. The consumer must be accompanied by an employee of BMS or arrange for the food to be dropped off.

- The Food Pantry, operated by the Food Bank, supplies emergency food to individuals and families in need. The Food Pantry distributes enough food for a three-day supply, depending on the family size.
- Primary health/medical services are provided by Rapid City Regional Hospital, Sioux San Hospital, or the community health center.
- Mental Health services are provided by various organizations in the community such as: Youth and Family Services, Lutheran Social Services, Catholic Social Services, Chrysalis, independent professionals in the community, and Behavior Management Systems.
- Substance abuse treatment is provided by City/County Drug and Alcohol Program (Inpatient) and ROADS (outpatient), otherwise BMS consumer's that require additional services may be placed on the waiting list at Human Service Agency (State Psychiatric/Drug & Alcohol Hospital) for treatment.
- Employment services by BMS are funded by Vocational Rehabilitation.

d. Gaps in current service system:

- Access to the medical community when there is a need for specialized care;
- Access to the dental community on a regular basis and an emergency basis;
- Access to funding of medications when a clear need is evident and a prescription has been written and psychiatric services;
- Transportation is an ongoing issue for members of the community; Resources are spread out throughout the community;
- The waiting list for subsidized housing can be lengthy;
- Lack of transitional and permanent housing;
- Lack of resources for individuals with co-occurring mental health/substance use disorders. These obstacles consist of a shortage of funding sources, lack of specialized professionals, and treatment programs that are resistant to taking individuals with co-occurring disorders. Behavior Management Systems has begun tackling this problem of displaced dually diagnosed individuals, by creating a program that integrates Chemical Dependency issues into mental health by providing therapeutic goals and case management services to this population.

e. Services available for clients who have both a serious mental illness and substance use disorder:

The City/County Drug and Alcohol program provides inpatient treatment, and ROADS provides outpatient treatment for individuals with co-occurring mental health/substance use disorders. BMS provides a dual diagnosis group to open clients and referrals are made to the community or other areas when necessary. BMS refer s clients to Human Services Center's Substance Abuse treatment program in Yankton, Serenity Hills in Watertown, or New Dawn in Vale, South Dakota for out of area services. Each individual case is different as to how the services are provided. Services at BMS are continued even

while a person is in jail, Detox, or treatment. Inpatient, Outpatient, Detox, and Residential services are always a possibility to clients if they should need them.

f. Strategies for making suitable housing available to PATH clients:

The homeless outreach team is a resource in finding affordable housing in the area. Participation with HUD is encouraged because currently their programs provide the best opportunity and selection of affordable housing. Although the waiting list is approximately three to nine months in length, the PATH homeless team attempts to be informed of all housing avenues in the area and links the client to those services. This also includes independently owned and operated management companies such as: A&A Property Management, Lewis Kirkeby & Hall, and N.W.E. Management Company. If the client has found housing when they come to us we work with the landlords to “save” the housing for the client so we can determine eligibility and get the funding to the landlord.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The PATH-funded program works with a multi-agency case management team. This team meets weekly at the Cornerstone Rescue Mission. The meeting is designed to address specific issues related to the homeless population in our community. By the end of each meeting, a plan is developed to address specific individuals, their specific needs, ways to address those needs, and staff to assist in implementing plan. This has been very successful in bridging the gaps in services and linking together any and all agencies, service providers, and others that work with a specific person or family that is homeless. This process has also been instrumental in the attempts of the PATH-funded program to develop resources, identify those homeless who have serious mental health issues and possible co-occurring substance abuse issues and to obtain referrals for mental health support services.

Another group used to coordinate service needs is the Black Hills Homeless Coalition, in which the homeless outreach coordinator of Behavior Management Systems was elected chair. A meeting is held once a month, to discuss current homeless issues in the community and is focused on looking at funding options to fill in the gaps of services to the homeless. The Black Hills Homeless Coalition is also responsible for conducting the annual “point-in-time” homeless count/survey, and is in charge of raising awareness in the community about homelessness.

Most recently the Homeless Coalition began a bi-annual “project homeless connect” where community agencies are brought together in one area to provide the homeless population screenings, applications and information about services in their respective programs. The first “homeless connect” was held in December 2006 and brought in 33 homeless individuals to be served by 24 agencies. The second homeless connect took place on June 21, 2007 and included even more service agencies and resources than before. At this “connect” 76 individuals were served. Many local agencies such

as Housing and Urban Development, Veterans Affairs services, employment options, Department of Social Services, Community Health Center were just a few to mention. Black Hills Beauty College brought in cosmetology students that provided 33 free haircuts and Community Health Center provided 27 medical screenings were done that day. Every agency stated they were able to help “at least one person” during the four hour event. Our next connect is scheduled for June 19, 2008.

Some or all of the PATH funded Homeless team attends quarterly Statewide Homeless Housing Consortium meetings to have an active role in the identifying, planning, developing and executing statewide goals to end homelessness. Many agencies such as Salvation Army, domestic violence and emergency shelters, mental health agencies, medical centers and vocational services are involved at an intimate level and excited about making change. This Consortium is becoming a strong and united front for the state of South Dakota in advocating for the homeless population.

The Housing for the Homeless Consortium, a statewide continuum of care, meets monthly for agencies to discuss resources that are available to various communities across the state. The homeless outreach team has an active role identifying, planning, developing, and executing statewide goals to end homelessness. The homeless outreach coordinator is also a member of the Policy and Advisory Committee (PAC) for the state, in order to ensure the state funding is going to the right services and to help assist in policy and procedures incurred in the state funding process.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

PATH-funded services are provided without race, gender, or age discrimination. The Homeless Outreach Program serves Native American, African American, Hispanic, Multi-racial, and Caucasian populations. Of these populations, 70% are Caucasian, 20% are Native American, 5% are Hispanic, and the remaining 5% are multiracial or unknown. BMS homeless outreach staff are 100% Caucasian.

This cultural diversity is also seen in the employees at Behavior Management Systems. Behavior Management Systems is an equal opportunity employer and will not deny employment to anyone due to race, gender, age, handicap or otherwise. Behavior Management Systems would give PATH clients who are qualified for available positions equal chance at an employment opportunity. As of this application, all of the positions on the homeless team are filled by staff that is Caucasian. The team consists of two females and one male worker.

Through the partnerships built with other community agencies and organizations, the Homeless Outreach Program attempts to connect clients with appropriate additional or optional culture specific services, such as Sioux San Indian Health Services for the Native American client. If necessary, services are offered assist in empowering clients to stay motivated and positive is arranged for all clients by the homeless outreach team. Some clients require sign language interpreters, due to being hearing

impaired and others may need special meeting rooms because of a physical handicap. All clients' needs are respected and accommodated during their visit with our agency.

Behavior Management Systems staff also receive training every year, regarding Cultural Diversity through the Behavior Management Systems Training Plan. This plan is currently being modified to include cultural training on a more frequent basis for PATH funded staff and those working in culturally diverse programs.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The client and/or family are the key players in guiding and directing the treatment plan or in the development of the service system. A treatment plan is done jointly between the client and the homeless worker.

Negotiation skills are necessary when assisting a client who is in need of housing. Options and choices are clearly spelled out that provide choices in decision making, but the client is not always able to get the housing they desire due to cost or location. Client choice is the most valued component in working toward a successful change in lifestyle, values, and beliefs. These choices can be presented to the outreach team as challenging and significant or simple with a little long-term consequence. The PATH-funded team can guide, direct, support and work toward a change in patterns of behavior, but the client always has the right to do what ever they feel necessary for him/her. None-the-less, the client has the choice in developing their course of treatment.

A client survey was constructed and is given to each eligible PATH consumer (See Attachment 1). This survey allows us to reach a new level of understanding from the PATH client's perspective, and allows them to voice their concerns and/or appreciation. This survey also allows us to improve our delivery of services. At this time we are currently working together with the Division of Mental Health and Southeastern Behavioral Health, our sister agency in Sioux Falls, to devise a client survey that will be constant across the board to provided outcome numbers to those being served in the PATH programs.

BMS is an equal opportunity employer and would give PATH clients who are qualified for available positions equal chance at an employment opportunity. The Board of Directors currently includes members who have received mental health services. In the last year the Consumer Council has assisted with the "point in time" annual count to help identify the homeless in our city.

7. Budget Narrative

Personnel will include: .75 FTE Homeless Outreach Coordinator and 2 FTE Homeless Outreach Workers.

Homeless Outreach Coordinator will be primary contact for homeless issues. Coordinator will provide services, such as, intakes, individual therapy, group therapy, and case management to eligible PATH funded consumers.

Homeless Outreach Workers will provide case management and assistance for application and qualification of services to eligible PATH funded clients.

Fringe benefits will include: health, vision, dental, FICA, MEDICARE taxes, state unemployment, workman's comp, disability insurance, and professional liability insurance for 2.75 FTE.

Continuing education/training will be provided for homeless and cultural issues for 2.50 FTE and 1.00 clinical FTE to attend the National Conference.

Rental assistance and security deposits will be provided to approximately 15 to 20 individuals.

The match funds for the grant funds will be met using County funds for "in kind" and administrative costs.

Homeless Outreach Program

Mainstream – A Program Division of Behavior Management Systems

111 North Street

PATH Recipient Survey

- | | Poor | | | Excellent |
|-----------------------------------------------------------------------------------------------------------------------|------|---|---|-----------|
| 1) How would you rate the timeliness of services you received? | 1 | 2 | 3 | 4 5 |
| 2) Did you receive help understanding the services provided? | 1 | 2 | 3 | 4 5 |
| 3) Do you feel like you were you treated fair? | 1 | 2 | 3 | 4 5 |
| 4) How would you rate the overall service by the PATH provider? | 1 | 2 | 3 | 4 5 |
| 5) What could we do as an organization to better meet the needs of you and your family? | | | | |
| 6) Is there anyway that you or your family could have been more involved in the process of choosing a home? | | | | |
| 7) Did you receive assistance from other service providers in the community? If so, who were they? How did they help? | | | | |

Thank you for your time.

INDIVIDUAL PROVIDER PLAN

COMMUNITY COUNSELING SERVICES, INC. 1552 DAKOTA SOUTH HURON, SD 57350-4093

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Community Counseling Services (CCS) is a private non-profit community mental health center and outpatient drug/alcohol treatment center. Services provided are: outpatient treatment, home-based services, CARE services for adults with severe and persistent mental illness, transitional residence, emergency and crisis intervention, psychological consultation and testing, community prevention, psychiatric services, and a full array of chemical dependency services. CCS serves the counties of Beadle, Hand, Jerauld, Miner, Lake, and Moody.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

CCS is requesting \$5,000.00 Federal PATH funds for security deposits and one-time rental assistance to prevent eviction.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008.**

The estimated number of PATH eligible clients who will be served by CCS through the use of the requested FY2008 PATH funds is 27 specific individuals. Of these, 11% would be projected to be literally homeless and 89% would be in imminent risk of being homeless.

- b. Specific services to be provided**

Housing services to include security deposits and one-time rental payments to prevent eviction would also be provided.

- c. Community organizations that provide key services**

CCS coordinates with the following to provide services and housing to PATH eligible clients include: Beadle County Housing Authority, APC Management, Dakota Plaza, Miller/Huron Housing & Redevelopment Commission, Northeast South Dakota Community Action Program, Wessington Springs Area Development Corporation, Madison Housing & Redevelopment Commission, Inter-Lakes Community Action Program, Flandreau Improvement Corporation, Northeast South Dakota Community Action Program, Dakota Plaza, and Howard Housing & Redevelopment

Commission. Case managers from CCS will assist clients in seeking services from applicable local organizations. Mental health and substance abuse services are provided through CCS.

d. Gaps in the current service system.

Some of the current and anticipated gaps in mental health and other needed services that CCS will encounter are accessing housing subsidies to provide livable housing for persons with a serious and persistent mental illness (SPMI) in Huron and the outlying communities in the service area. A high percentage of persons with SPMI who have livable housing have a history of alcohol/drug abuse and when they relapse into using alcohol/drugs their housing subsidies are jeopardized due to their not paying rent or maintaining their housing unit to the landlords' standard.

e. Services available for clients who have both a serious mental illness and substance use disorder

The primary purpose of this grant request is to adequately address the special needs of PATH eligible clients with co-occurring serious mental illness and substance abuse disorders.

CCS has a chemical dependency unit that treats co-occurring disorders parallel with their mental health services. CCS can provide outpatient treatment and residential services to PATH consumers in conjunction with their mental health care. For inpatient care, CCS would go through the Division of Drug & Alcohol for an indigent placement and for detox CCS refers the individual to Mitchell at the Community Alcohol/Drug Center and then they would return to Huron following inpatient treatment.

f. Strategies for making suitable housing available to PATH clients:

Suitable housing services will be made available to PATH eligible individuals by a case manager from CARE/IMPACT assisting PATH eligible individuals to access housing through organizations listed in #3c and use of the \$5,000.00 requested Federal PATH funds for security deposits and one-time rental assistance. CCS also has a sixteen-bed transitional house and eight group home-like apartments.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The Executive Director of CCS sits on the Board of Housing.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

The client population ranges in age from children under 13 years old to adults over 65 years old with 48% being male and 52% being female. 77% are White, 18% are American Indian and the remaining 5% are “other”. Case management staff range in age from 26 years old to 58 years old. 36% are males and 64% are females. Staff are 100% white. CCS can assure that proposed staff providing services to the target population are sensitive to age, gender, and racial/ethnic differences by providing staff training in the form of videos, printed matter, and group discussions on topics of “stigma” and “cultural diversity”. Bilingual interpreters are available when the client is more comfortable with a language other than English. CCS has a history of over five years serving the area and has served the SPMI population for twenty five years.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

CCS will involve consumers and family members in the planning, implementation, and evaluation of PATH funded services. Case managers have training in and are familiar with consumer and family-related issues. Clients are fully informed of the benefits and risks of services and make a voluntary decision, without threats or coercion, to receive or reject services at any time. Clients are informed of all their rights including those related to information disclosure, choice of providers and plans, respect and non-discrimination, confidentiality of healthcare information, complaints and appeals, and consumer responsibilities.

One board member is an SPMI consumer. Nine staff (including one case manager) is recovering from alcohol addictions. One case manager was at risk of homelessness in the year prior to be hired by CCS.

7. Budget Narrative

Five thousand dollars will be used to provide one-time rental and/or security deposits to individuals who are homeless or at risk of becoming homeless.

INDIVIDUAL PROVIDER DESCRIPTION

DAKOTA COUNSELING INSTITUTE 910 WEST HAVENS MITCHELL, SD 57301-3894

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Dakota Counseling Institute (DCI) is a private non-profit community mental health center and substance abuse service provider. Services provided are: outpatient services, psychosocial rehabilitation services, consultation and education, 24-hour emergency services, medication management, emergency housing services, substance abuse services, and intensive case management. Services are provided to residents of the following counties: Davison, Sanborn, Aurora, Hanson, Brule, and McCook.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

DCI is requesting \$3,000 for one-time rental assistance and security deposits for the assistance of individuals suffering from serious mental illness and/or substance abuse who are homeless or at imminent risk for becoming homeless and \$4,100 for mental health services.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless**

DCI estimates that 80 individuals will be assisted with one-time rental and security deposits and/or mental health services. It is estimated that of these eighty individuals, 100% will be at imminent risk of becoming homeless.

- b. List services to be provided, using PATH funds**

One-time rental and security deposits will be provided to eligible individuals at imminent risk of becoming homeless. Case management will be provided to assist with the following:

- Linkage to Mitchell Housing Authority and/or low income housing.
- Assisting with the application process for appropriate and affordable housing.
- Linkage to Social Services for application of food stamps and other appropriate community entitlements.
- Assisting with applying for supplemental security income through Social Security Administration.

- Linkage to mental health services, community medical services, community alcohol and substance abuse services, dental service, vocational rehabilitation for job training, and to the Lion's Club for donated ophthalmic exams.
- Assisting with the application process in applying for medications through the pharmaceutical companies.
- Linkage to Vocational Rehabilitation for job training.

c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.

The counties serviced by DCI have a network of services available to eligible clients. Clients in need of primary health care are linked to a free clinic in Sioux Falls, South Dakota via a transportation bus. Aurora County also has a medical clinic, which provides medical services according to the clients' financial resources. Mental health and substance abuse services are provided by DCI. South Dakota Housing Authorities assist clients with affordable housing options. Vocational rehabilitation services are available for clients seeking employment.

d. Gaps in the current service system

Historically, it has been extremely difficult to find funding sources for security deposits. The Davison County Commissioners Welfare Office will provide rental assistance at times, but are reluctant to authorize security deposits. Waiting lists for housing availability is another gap. A big gap is affordable medical services especially dental and vision. Another gap in the services is availability of transportation.

e. Services available for clients who have both a serious mental illness and substance use disorder

Dakota Counseling Institute provides integrated professional prevention services, education, assessments, intervention, counseling, and social detoxification for individuals with co-occurring serious mental illness and substance abuse disorders on an outpatient basis. In-patient mental health or substance abuse services are not available in Mitchell. Half-way house is available for those who are recovering from drug/alcohol addictions. A new methamphetamine program, for those coming out of the prisons, has been started which consists of detox and residential services.

f. Strategies for making suitable housing available to PATH clients

A

good working rapport has been established with the Mitchell Housing Authority and low income housing property owners, which allows staff to advocate for adequate housing opportunities for the clients. Case managers and counselors are a vital key for linking the client with other local service providers. Basic life skills training conducted in the Continuous Assistance, Rehabilitation, and Education (C.A.R.E.) program and the Half-Way house

enhances clients' abilities to meet daily living needs and assists them in obtaining community resources.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

DCI does not participate in the HUD Continuum of Care. DCI staff work closely with local housing authority in providing appropriate housing for individuals with mental illness and/or substance abuse issues. Case managers also assist clients in keeping their apartments clean and in good condition to maintain shelter.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

The clients that DCI serves are 80% Caucasian and 20% Native American. Staff at DCI is 80% Caucasian and 20% Native American. All staff is trained to provide services that are sensitive to age, gender, and race/ethnic differences. DCI has evolved their cultural awareness with open minds and education. Native American is the majority of the minority culture of this agency. A Cultural Diversity group is held for interested clients bi-weekly.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

The Alliance for the Mentally Ill is very strong throughout the State of South Dakota. Meetings are designed to allow family and clients the opportunity to provide suggestions for improving or development of services in many service areas, including housing. Consumers do serve on the Board of Directors, but the criteria are not limited to homeless clients. Recovery Council was established to allow clients the opportunity to initiate programs to enhance a higher level of wellness and stability.

7. Budget Narrative

DCI is requesting \$3,000 for one-time rental and security deposits and \$4,100 to provide direct services.

INDIVIDUAL PROVIDER DESCRIPTION

**EAST CENTRAL MH/CD CENTER, INC.
211 FOURTH STREET
BROOKINGS, SD 57006-1917**

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

East Central Mental Health & Chemical Dependency Center (ECMH/CDC) is a private non-profit community mental health & chemical dependency center. Services provided are: mental health, chemical dependency, gambling addiction services to adults, families, children, including SED and SPMI; counseling, case management, in-home services, support services, emergency and crisis intervention, assertive community treatment, and home based child and family services. ECMHCDC provides services to the county of Brookings.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

ECMH/CDC is requesting \$1,400 that will be used to provide one-time rental and security deposits.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless**

It is estimated that ECMH/CDC will provide services to 11 individuals who are homeless or at imminent risk of becoming homeless. Of those eleven, 20% are estimated to be literally homeless and 80% estimated to be at imminent risk of homeless.

- b. List services to be provided, using PATH funds**

ECMH/CDC will provide the following services:

- One-time rental assistance.
- Security deposits.

- c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.**

Community organizations that provide services to PATH eligible clients include:

- Brookings Area Housing Authority
- Brookings Area Mental Health Association

- Brookings Ministerial Associations with Salvation Army funds accessed through the Brookings Police Department
- Brookings Food Pantry
- Brookings County Welfare Office
- ECMHC

d. Gaps in the current service system:

Public transportation, limited funding for rental supports, shortage of rental accommodations for large families, and competition for rental and employment opportunities with local university population comprise the greatest gaps in service delivery for PATH eligible clients. In addition, this area lacks a crisis bed or respite bed for diversion from inpatient care or possible short term use on return from inpatient care. The closest inpatient psychiatric hospital is 60 miles south of Brookings.

e. Services available for clients who have both a serious mental illness and substance use disorder

ECMH & CD provides outpatient mental health and chemical dependency services. A formal co-occurring program has not been developed. Concurrent CD and MH services might be provided to a given client but there is no formal programming for co-occurring disorders. Given this, it would be correct to say that such services are provided in parallel.

In the event that a client requires detox or inpatient/residential services referrals are made primarily to Serenity Hills in Watertown, Keystone in Canton, or HSC. Clients requiring inpatient or residential MH services are commonly referred to either McKennan Hospital or HSC (State Psychiatric Hospital) with Bradfield-Leary Center being the nearest residential program (Huron).

f. Strategies for making suitable housing available to PATH clients

ECMH and CD staff coordinates with Brookings Housing Authority to assist PATH eligible persons to receive subsidized housing. SPMI clients with needs for housing are assisted by their assigned ECMHC case manager in making appointments, demonstrating eligibility, or locating housing through all resources available in the community.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

ECMH/CDC CARE case managers participate in HUD continuum of care meetings attended by a variety of agencies to include the women's abuse shelter, Career Learning Center, HUD, and Department of Social Services. At a state level ECMH/CDC has a consumer who sits on the Housing Consortium Board.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target

population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

Brookings County is a rural area with over 95.7% of the population being Caucasian. The remaining 4.3% of the population are comprised of Native Americans, African Americans, and Hispanic/Latino individuals. For individuals that experience language barriers, ECMHC utilizes translation services available through the Career Learning Center and the University. ECMH & CD staff is 100% Caucasian. ECMHC staff are provided with training opportunities to ensure that staff are providing services that are sensitive to age, gender, and racial/ethnic differences. When made available, staff also attends cultural competency training opportunities.

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?**

A “forum” or discussion meeting is held monthly with persons participating in the Personal Empowerment Program (PEP), the drop in program at ECMH/CDC. This is a vehicle for planning of activities and for development or modifications in the service system for individuals with SPMI. Family members are involved in treatment planning meetings on an individual basis at the invitation of the person being served.

- 7. Budget Narrative**

\$1,400 will be made available for one-time rental and security deposit assistance to individuals with serious mental illness and/or substance abuse that may be homeless or at imminent risk of becoming homeless.

INDIVIDUAL PROVIDER DESCRIPTION

**HUMAN SERVICE AGENCY, INC.
123 19TH STREET, N.E.
WATERTOWN, SD 57201-1030**

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Human Service Agency (HSA) is a non-profit community mental health center that serves the counties of Clark, Codington, Deuel, Grant, Hamlin, Kingsbury, and Roberts. Services provided include: outpatient services, emergency services, consultation and education services, services to children with severe and persistent emotional disturbances, and services to adults with severe and persistent mental illness (SPMI). SPMI services include: case management, crisis assessment and intervention, liaison services, symptom assessment and management, medication prescription, administration, monitoring, and documentation; direct assistance for basic necessities of daily life, development of psychosocial skills, and encouragement of family participation.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

HSA is requesting \$2,000.00 federal PATH funds for security deposits and one-time rental assistance.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless**

The estimated number of PATH eligible clients who will be served by HSA through the use of requested FY2008 PATH funds is 6 individuals. 100% will be at imminent risk of becoming homeless.

- b. List services to be provided, using PATH funds**

Federal PATH funds will be used to provide one-time rental and security deposit assistance.

- c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.**

Primary Health services are provided by Prairie Lakes Hospital, Sioux Valley Clinic and Brown Clinic; Mental Health services are provided by the Human Service Agency and Lutheran Social Services; Substance Abuse services are provided by the Human Service Agency; Housing

services are provided by Watertown Housing Authority; and Employment services are provided by the Division of rehabilitation Services.

d. Gaps in the current service system

The current services provided by the Human Service Agency that are PATH funded are one-time rental assistance and/or security deposits. Human Service Agency anticipates the changing formulas for determining housing assistance, rental payments, and eligibility and the long waiting period for housing assistance will continue to result in an increased demand for these services. The availability of descent, integrated, affordable housing for PATH eligible individuals also continues to be a challenge in the counties served by the Human Service Agency.

e. Services available for clients who have both a serious mental illness and substance use disorder

Services available to clients with co-occurring mental illness and substance use disorders in the community include outpatient mental health and addictions services including outpatient treatment, aftercare, individual and family counseling; Serenity Hills Detox services and Halfway House; Alcoholics Anonymous, and Narcotics Anonymous. The Human Service Agency provides outpatient mental health and addictions services including outpatient treatment, aftercare, individual and family counseling; Serenity Hills Detox services and Halfway House. Consumers requiring more intensive services than those provided by the Human Service Agency, particularly services in an inpatient setting are referred to the Human Services Center, Gateway, Keystone and other various treatment facilities in the state providing inpatient addictions and/or mental health services. Services are provided in a parallel manner except when prohibited by individual consumer circumstances. Housing services are provided by Watertown Housing Authority; and Employment services are provided by the Division of Rehabilitation Services. All services provided are parallel.

f. Strategies for making suitable housing available to PATH clients:

The Human Service Agency will continue to work closely with county welfare departments, housing authorities, and contract housing providers to make suitable housing including single family dwellings and apartments available to PATH clients.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The Human Service Agency works closely with the Codington County Welfare Department, Watertown Housing Authority, and local contract housing providers to coordinate and extend resources for PATH eligible individuals.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the

clients; and (d) the extent to which staff receive periodic training in cultural competence.

Consumer demographics are as follows: 95% Caucasian and 5% Native American.

Staff demographics are as follows: 95% Caucasian and 5% Native American.

It is the policy of the Human Service Agency to provide all services without discrimination because of race, color, creed, religion, national origin, ancestry, sex, age, or handicap.

Periodic culturally sensitive training is provided for agency staff.

- 6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?**

The Human Service Agency encourages family members to take an active role in all stages of services provided with the consumer's permission. Consumers are represented on the Board of Director's for the Human Service Agency. We currently do not have PATH-eligible persons on staff. The Human Service Agency utilizes a hiring policy which does not discriminate based on PATH-eligible factors. Due to the limited scope of PATH funded services provided, the Human Service Agency does not have a formal advisory board for these services.

- 7. Budget Narrative**

The Human Service Agency is requesting a total of \$2,000.00 in Federal PATH funds to provide one-time rental assistance and security deposits.

INDIVIDUAL PROVIDER DESCRIPTION

**LEWIS & CLARK BEHAVIORAL HEALTH SERVICES, INC.
1028 WALNUT
YANKTON, SD 57078-2999**

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Lewis & Clark Behavioral Health Services, Inc. (LCBHS) is a non-profit community mental health center providing mental health and alcohol/drug treatment services for persons in the following counties: Bon Homme, Charles Mix, Clay, Douglas, Hutchinson, Union, and Yankton. Services provided include: outpatient services, emergency services, consultation and education services, services to children with severe and persistent emotional disturbances, and services to adults with severe and persistent mental illness (SPMI). Services include: individual/family counseling, psychiatric evaluations, psychological evaluations, education and prevention services, community support programs, substance use evaluations and treatment, case management, crisis assessment and intervention, liaison services, symptom assessment and management, medication prescription, administration, monitoring, and documentation; direct assistance for basic necessities of daily life, development of psychosocial skills, encouragement of family participation, and IMPACT (Individualized and Mobile Program of Assertive Community Treatment).

- 2. Indicate the amount of federal PATH funds the organization will receive.**

L&CBHS is requesting \$3,000.00 Federal PATH funds for case management and \$4,000.00 Federal PATH funds for security deposits and one-time rental assistance.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless**

It is estimated that 30 clients will be served with PATH FFY2008 funds.

L&CBHS estimates that 80% of those thirty will be at imminent risk of becoming homeless and 20% will be literally homeless.

- b. List services to be provided, using PATH funds**

All of the funds are used for services. The case managers provide direct service to PATH eligible clients in obtaining suitable housing. A major activity is working with consumer and landlords by explaining the PATH program and

ensuring that landlords receive funds. An additional service is coordinating/collaborating with the South Dakota Human Services Center (state operated psychiatric / chemical dependency hospital in Yankton, only state operated inpatient psychiatric hospital in South Dakota) on behalf of PATH eligible consumers who are being discharged from the hospital and plan on living in service area. A housing facilitator on staff at Lewis & Clark Behavioral Health Services, Inc. also serves on the board of directors for the Homeless Shelter in Yankton. The housing facilitator has regular contact with the local Housing Authority. The housing facilitator receives referrals from other service providers in the area who know of an individual who may be eligible for PATH services.

c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.

There are a variety of organizations that provide services to PATH-eligible clients in the services area. These include: the contact center that will provide food and clothing vouchers and is available to serve as a payee. Some communities provide a meal, for example in Yankton, every Thursday night there is a free meal available. L&CBHS receives community donations of clothing that are given to PATH eligible consumers. Service is available from state agencies to include vocational rehabilitation and job services. Legal services are available at no charge from some attorneys. United Way, Volunteer Services, and Yankton transit provides transportation.

Primary health care (physician services) is readily available in the area. Yankton Medical Clinic is the main provider of primary care services in Yankton and also operates a clinic in Vermillion, the second largest community in the service area.

Lewis & Clark Behavioral Health Services is the main provider of community mental health services in the area. The main clinic is located in Yankton. L&CBHS also provides chemical dependency services, housing services and employment services. The programs at L&CBHS coordinate with entities that provide services including the Human Services Center (provider of inpatient psychiatric and chemical dependency services), social services, state employment services and other community agencies involved in housing, food and protective services. Primary health care is readily available in the area. A medical clinic is also available in Vermillion, the second largest community in the service area. Avera Sacred Heart Hospital is a general medical regional hospital located in Yankton. Major programs that L&CBHS coordinates services with include Yankton Housing and Development Authority, Yankton Red Cross, Yankton Homeless Shelter, Yankton Women's Shelter, Yankton Area Mental Wellness Inc. for mental health education, Advocacy Services for mental health support, Yankton Senior Citizens for elderly programming,

Clothing Closet for clothing and shoes, and local electric, gas, water, cable TV, etc. service providers.

d. Gaps in the current service system

Financial hardships are common. Many consumers have difficulty affording medical services (physician, hospital, dental, vision, and medications). Transportation is difficult especially for those living outside Yankton in the smaller communities or in a remote rural area. Day care services for children are not always affordable or available. L&CBHS provides services in a large geographical area that contains a large number of small rural communities. Inpatient substance abuse and mental illness treatment are provided at the Human Services Center, state hospital.

One previous gap in services that has now been corrected is that of Cedar Village, a new Assisted Living facility which opened in 2003. This facility provides assisted living for 20 individuals who are SPML.

e. Services available for clients who have both a serious mental illness and substance use disorder

L&CBHS, in addition to mental health services, provides outpatient chemical dependency treatment and maintenance services. Individuals, who are identified with co-occurring disorders, professionals from the mental health and chemical dependency treatment programs meet to identify the proper course of treatment. Consultation services are always available when a clinician has a question about a consumer's need for additional services or consultation. The agency coordinates with local community resources, such as AA, ALANON, NA, GA, etc. Inpatient substance abuse and mental illness treatment are provided at the Human Services Center, state hospital.

f. Strategies for making suitable housing available to PATH clients

A continued aggressive outreach to individuals who meet the criteria for the targeted service population and who are either homeless or at-risk of becoming homeless. This will be done through the ongoing formal and informal relationships that have been developed with the local housing authority, the local women's shelter, the local homeless shelter, the local contact center, and other public and private organizations that may have contact with eligible individuals.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

L&CBHS continues to be active in the HUD Continuum of Care program along with other providers of Yankton. L&CBHS staff did attend the South Dakota Statewide Homeless Summit on March 4-5, 2008 sponsored by the SD Interagency Council On Homelessness and the Housing for the Homeless Consortium. The Council's priorities are identifying and defining homeless issue while determining effective strategies for prevention, providing public education, and working with advocacy,

business and faith-based groups regarding policy program and development. The Executive Director of L&CBHS also serves as a Board Member for the Yankton Housing Commission.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

The vast majority of clients served are Caucasian, approximately 5% are of other races with the majority of these being Native American.

Agency personnel will coordinate with appropriate housing sites for any special needs of clients and will not discriminate or show preference. The CARE team and staff at Cedar Village is 100% Caucasian.

CARE team meets regularly to review options for providing the best services for the clients. The multi-discipline approach ensures that all of the clients' needs are reviewed. Agency personnel are carefully screened and selected based on their professional education and experience to best serve consumers with sensitivity and support.

Training opportunities are made available to L&CBHS employees every year. For example, Yankton Mental Wellness, Inc. offers a two-day training/workshop each year in Yankton. The South Dakota Human Services Center, in cooperation with South Dakota Public Broadcasting, offers monthly cultural training for employee education.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Consumers have input on housing through the "Care Club" program. "Care Club" is a daily program at the agency. Consumers are able to meet with personnel from L&CBHS as a group and become involved in services. Consumers are actively and directly involved with their case manager in obtaining suitable housing and evaluation housing. Consumers are given the opportunity to provide feedback to their case manager regarding the adequacy of the housing they have received and housing needs in the service area.

Consumers and their families are always welcome to provide input into development of services. Whenever possible, as appropriate, consumers' families are involved in as many aspects of PATH-funded services.

One of the most significant changes for L&CBHS is the advent of the CARE team approach to services for individuals with SPMI. The holistic, comprehensive approach of this program has led to a type of service model, which is much more directed toward assisting the consumer to be successful in the community. This approach favors inclusion of all aspects of the person's life that may be involved in their success, including housing.

Some CARE clients are employed by L&CBHS, serving in supported employment with custodial and food service positions.

7. Budget Narrative

The PATH budget consists of three categories: personnel services (direct services for clients), rental assistance, and security deposits.

All funds are used for services. The case managers provide direct service to PATH eligible clients in obtaining suitable housing. A major activity is working with consumers and landlords by explaining the PATH program and ensuring that landlords receive funds. An additional service is coordinating/collaborating with the Human Services Center, (state Psychiatric Hospital) on behalf of PATH eligible consumers who are being discharged from the hospital and plan on living in the service area.

INDIVIDUAL PROVIDER DESCRIPTION

NORTHEASTERN MENTAL HEALTH CENTER 703 THIRD AVENUE S.E. ABERDEEN, SD 57402-0550

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Northeastern Mental Health Center (NEMHC) is a private, non-profit community mental health center with outreach clinics in Mobridge, Redfield, and Webster. NEMHC provides services to a 10 county area including Brown, Day, Campbell, Edmunds, Faulk, Marshall, McPherson, Potter, Spink, and Walworth. Services provided include: outpatient services, emergency services, consultation and education services, services to children with serious emotional disturbances, and services to adults with severe and persistent mental illness (SPMI). SPMI services include: case management, crisis assessment and intervention, liaison services, symptom assessment and management, medication prescription, administration, monitoring, and documentation; direct assistance for basic necessities of daily life, development of psychosocial skills, and encouragement of family participation.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

NEMHC will receive \$1,500 of federal PATH funds to provide one-time rental assistance and security deposits.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless.**

NEMHC estimates that 4 clients will be served by FFY2008 Federal PATH funds. It is estimated that 50% will be homeless and 50% will be at imminent risk of becoming homeless.

- b. List services to be provided, using PATH funds:**

NEMHC will provide one-time rental and security deposit funds to prevent eviction.

- c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.**

Although NEMHC is the sole provider of PATH funds in this community, other major agencies whose services are available to PATH eligible

individuals include the Aberdeen Housing office, Social Services, Adult and Aging Services, Opportunities for Independent Living, Vocational Rehabilitation, as well as, many others in varying capacities.

Some of these agency services include: Brown County Health Services, Avera United Clinic and Family Physicians (medical/interim psychiatric care), Brown County Social Services and Office of Adult and Aging Services (financial assistance with assistive devices, services to maintain households, out of town travel for medical issues), Brown County Poor Relief (medication assistance, rent and deposit, admission fee for the State Psychiatric Hospital), The Salvation Army (meal program, household and personal items, short term housing, utilities, food pantry), Safe Harbor (housing, food pantry, furniture and personal items, rent and deposit), Aberdeen Housing (subsidized housing program), NADRIC (drug information and referral program for alcohol and drugs, funding for treatment), Worthmore (primary drug and alcohol treatment), rental agencies, private landlords, Social Security Administration, Vocational Rehabilitation (employment assistance, occasional rent or deposit), local churches, Urban Indian Health Services, RSVP (some upkeep on homes), local fraternal organizations for utility assistance, Volunteers of America, USDA (low interest purchase plans), Senior Nutrition and Meals on Wheels, and Habitat for Humanity.

d. Gaps in the current service system:

Transportation continues to present some barriers in immediate access, since the current transportation requires 24-hour notice. Lack of education about mental illnesses and co-existing illnesses remains a barrier with some landlords, agencies, and individuals in the community. Acceptable and affordable housing continues to be absent in many communities and tenant rights are frequently compromised. Costs associated with moving or upgrading living situations also remain a barrier.

e. Services available for clients who have both a serious mental illness and substance use disorder:

Clients who experience co-occurring mental illnesses and substance use disorders are supported by the staff of the CARE program, community and home contact and supports are provided by strong AA, NA and GA groups. With the primary services, unfortunately, they are provided sequentially.

NADRIC is also utilized as an assessment resource and referral to possible treatment options, such as Worthmore Treatment Center as the primary treatment program for substance abuse and mental health services are provided by NEMHC, Lutheran Services, and Catholic Family Services. Detox is also offered by Worthmore Treatment Center through Avera St. Luke's Hospital. Exploration of facilities that specialize in dually diagnosed treatment is done when needs cannot be met by local providers and education of their staff is not possible. Change agents have been identified within the

agency and have been involved in collaboration planning to make services accessible at any entry point, though an agency.

f. Strategies for making suitable housing available to PATH clients:

In order to assist in development of and access to suitable housing for PATH clients, NEMH staff have continued to expand relationships with current landlords to educate about mental illness, assist in problem resolution, and to assist landlords in raising awareness of resources and supports that might be utilized. The Aberdeen Housing Authority continues to be the primary resource for suitable and affordable housing. Safe Harbor provides for shelter for women and men.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

Planning with other agencies to provide forums and workshops with current, evidence based information for all staff, has enhanced working relationships and consumer service. Information shared via the Internet from SDHDA, SAMHSA, CMHS and others have helped to provide an expanding knowledge base of staff and consumers.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

The demographics of the client population are 87% Caucasian, 11.6% Native American, .69% African American, .276% other, and .038% Asian. Staff demographics are 88% Caucasian, 6% Native American, 4% African American, 1% Vietnamese, and 1% East Indian. Staff has developed relationships with school staff, tribal leaders, elders, and community members to adapt to the culture and needs of the people. Education about the Native American culture and issues specific to their communities is addressed through available trainings, consultation with Indian leaders, and Indian Health staff from NSU to address sensitivity to cultural needs. Some NEMHC staff has Native American backgrounds and brings their experience and knowledge and share that with other staff. The development of a community Diversity Committee and involvement of agency staff will add a broader range of perspectives and sensitivity to existing cultures and new members to the community. The use of local resources to address culture, age, and gender sensitivity has been accomplished by linking with the Aberdeen Senior Center, Safe Harbor, and the use of therapist specializing in those areas.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

An ongoing planning collaboration has involved recent community presentations,

by consumers who are in varying stages of recovery. These efforts have expanded overall community awareness of mental illnesses, stigma about mental illness and inclusion of family members. Another outcome of consumer inclusion in planning and program development has been a consumer run drop-in. Establishment of a consumer run Schizophrenia Anonymous support/education group has also evolved, as well as planning for a consumer run Double Trouble group to address co-occurring issues. Recent public forums for education have included consumers, family, community members and NAMI representatives. Members of the consumer drop-in are involved in state recovery planning tele-conferences and consumer training offered by the consumer council.

7. Budget Narrative

\$1,500 will be use as one-time rental and security deposit funds to prevent eviction.

INDIVIDUAL PROVIDER DESCRIPTION

SOUTHEASTERN BEHAVIORAL HEALTHCARE 2000 SOUTH SUMMIT SIOUX FALLS, SD 57105-2798

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Southeastern Behavioral HealthCare Community Support Services (SEBH) is a private non-profit community mental health center. SEBH provides services to the following counties: Minnehaha, McCook, Turner, and Lincoln. Services provided include: outpatient services, emergency services, consultation and education services, services to children with severe and persistent emotional disturbances, and services to adults with severe and persistent mental illness (SPMI). SPMI services include: case management, crisis assessment and intervention, liaison services, symptom assessment and management, medication prescription, administration, monitoring, and documentation; direct assistance for basic necessities of daily life, development of psychosocial skills, and encouragement of family participation.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

SEBH is requesting a total of \$158,465.00 from the federal PATH for FFY2008. \$153,465.00 will be used to provide direct mental health services and \$5,000 will be used to provide one-time rental assistance and security deposits.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless.**

SEBH estimates that 255 individuals will be served by federal PATH funds for FFY2008. Of these 255 individuals, 30% will be at imminent risk and 70% will be homeless.

- b. List services to be provided, using PATH funds:**

- Outreach services include contacts with consumers not formally enrolled through visits to the local shelters, drop-in facility, office visits, and contacts with newly enrolled consumers. Outreach is used to identify homeless SPMI individuals not currently involved in mental health services, not seeking services, or not following through with services. SEBH receives calls on individuals with

disturbing behaviors at area businesses/agencies and try to engage them into mental health services.

- Screening and diagnostic treatment for adults with SPMI – assessments of consumers and psychiatric time. This service is provided to gather information on diagnosis and previous treatment history in order to determine eligibility for services. The psychiatric services are provided to address the need of obtaining psychiatric medications more quickly in hopes of stabilizing the lives of the consumers and increasing their ability to function more effectively within the community.
- Community mental health services consisting of liaison and emergency contacts.
- Staff training such as formal training/presentations to others who encounter the homeless population. Homeless Outreach staff provides presentations to agencies that serve homeless individuals. Homeless Outreach staff also attends a variety of trainings that are done by the Medical Director of Community Support Services; the topics of these trainings vary from side effects of medications to working with people diagnosed with diabetes. All staff in the Homeless Outreach Program is required to be certified in CPR/AED, so all instruction is done through our agency. Homeless Outreach staff also schedule trainings for other agencies within our community to come to educate and network with staff so services are well known and understood so referrals are appropriate to the consumers referred. This year, the Homeless Outreach Coordinator was nominated and accepted a position on the National Advisory and Steering Committee for the Homeless Resource Center. This has really assisted in providing others with education about rural homelessness and attempting to bring Best Practices back to South Dakota. Presentations have been a huge success in establishing positive working relationships with other care providers. .
- Case management includes most services provided to enrolled PATH consumers; assistance in accessing resources, linking them to all Community Support Services as well as other community services including representative payee services, coordination with landlords and assistance with daily living skills necessary to maintain housing and coping with their illness. The Homeless Outreach Program has expanded on services to include psychiatric medication management to those that are open to SEBH under the Homeless Outreach Program
- Alcohol and drug treatment for persons with serious mental illness needing alcohol and drug treatment are linked to treatment services off site. When individuals are opened for ongoing services, co-occurring illness/addictions are identified and addressed on the case service plan.

- Supportive and supervisory services in residential settings are provided (locating housing upon planning for discharge from transitional facility with additional support during the transition phase).
- Referral services are part of the case management. Includes alcohol/drug treatment and medical services.
- Housing services:
 1. Planning for housing is conducted through involvement of the Sioux Empire Homeless Coalition, meetings with Sioux Falls housing, development and maintenance of landlord network, consultation and education to other service providers/individuals/families/landlords regarding mental illness
 2. Technical assistance in applying for housing consists of assisting consumers, as well as other care providers who are assisting the homeless apply for housing.
 3. Improving coordination of housing services is conducted through the Sioux Empire Homeless Coalition activities as well as through the Shelter Plus Care Program, which is a supportive housing program that is funded through a grant with the Housing for the Homeless Consortium of the State of South Dakota, the supportive services are provided by SEBH.
 4. Security deposits and one-time rental assistance are provided.
 5. The cost matching individuals with appropriate housing. This is part of case management or outreach.

c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.

The service system in Minnehaha County, where the majority of our work occurs, has many emergency service providers who work with homeless individuals. None of these programs receive PATH funds. Some of these agencies include: the Community Health Center (medical/interim psychiatric care), Minnehaha County Department of Human Services (financial assistance for rent/deposit, utilities, medications, funerals, out of town travel, and admission fee to HSC), Minnehaha County Department of Human Services (financial assistance with rent and deposits, utilities, medications, out of town travel, admission fee to the State Psychiatric Hospital), The Banquet (meal program), Good Shepherd Center (drop-in facility and family center), Sioux Falls Housing (subsidized housing program), Arch Halfway House (residential treatment for people recovering from drug/alcohol addictions), Sioux Falls Detoxification Unit, The Glory House (halfway house for those released from prison), Avera McKennan Behavioral Health (inpatient and outpatient psychiatric services), Sanford USD Medical Center (outpatient psychiatric services), rental agencies, private landlords, Social Security Administration,

Interlake Community Action Program (transitional housing/rent assistance), Refugee and resettlement Programs, Urban Indian Health, American Indian Services, and Vocational Rehabilitation (employment assistance). When working in other counties, the majority of coordination is with the consumer, family, local hospital, or family physician because of the limited number of social services providers in these areas.

d. Gaps in the current service system:

One of the major and most serious gaps in service is for those consumers with co-occurring disorders of mental illness and chemical dependency. At this time, over half of the homeless populations receiving PATH services in this area are dually diagnosed. Individuals with co-occurring disorders are in need of intense, individualized treatment that would allow for the presence of symptoms of mental illness. It would need to be flexible, longer-term, and therapy/work sessions would need to be shorter. All of these requested conditions would increase the likelihood that treatment would be successful. SEBH is currently in the process of engaging in and working with the Recovery Model, and making the appropriate adaptations to better address the needs of this population via recovery based case service plans as well as direct treatment through case management services. With successful treatment, those individuals who have a long history of homelessness due to a combination of mental illness and substance abuse would significantly improve the probability of this population becoming successful with living independently within the community. Another gap in services is the ongoing need for assistance for those who are ineligible for a number of services due to their legal history. Many of the consumers that the Homeless Outreach Program is working with currently are individuals who are released from prison and/or jail and due to the charges these individuals were convicted of and incarcerated for, they are no longer eligible for many of the supportive services in the community, i.e. food stamps, housing. A program that has been extremely helpful to Homeless Outreach staff, the Shelter Plus Care Program, is a program that is funded by HUD; however, application for funding is done on a yearly basis with no guarantee of being funded/renewed. When looking at the housing issue for many of our consumers, it is important to note the extra hurdle that comes in to play. The waiting list for Section 8 Choice Vouchers in Sioux Falls, South Dakota, is currently between 20-24 months. The waiting list for independently subsidized units typically is between 3 months to a year, again leaving the question of where do consumers live until an opening or certificate becomes available. Transitional housing that is accompanied by supportive services is a definite gap, as currently there are minimal beds that offer this type of programming and when looking at waiting lists of that length, it offers the challenge of where to have consumers reside until they come to the top of waiting lists.

e. Services available for clients who have both a serious mental illness and substance use disorder:

Over the years, our agency has attempted to develop several dual diagnosis groups for the purpose of educating consumers and encouraging abstinence or reduction in use. Most of these attempts have been unsuccessful because of the lack of consistent follow through by consumers. We have, however continued to view these groups as a priority and continued to develop dual diagnosis groups. In the past, it seemed that the key to groups being successful seemed to be providing transportation for consumers to and from the group meetings. We will continue to offer dual diagnosis groups. We will continue to coordinate with Carroll Institute, Keystone, and other treatment facilities to refer our consumers to appropriate treatment for drug/alcohol issues. In regards to the issue, involving those with criminal histories, as well as having a mental illness, the Homeless Outreach staff have also been attending the Housing for the Homeless state consortium (noting that the Homeless Outreach Coordinator serves on the Policy Academy Advisory Council, Peer Review Committee, and the Homeless Management Information System Committee for this consortium), as well as the Sioux Empire Coalition meetings in an attempt to advocate for services for these individuals and make others aware of the significant gap and need for services for this group of individuals. The Homeless Outreach Coordinator is also currently on the National Advisory and Steering Committee for the Homeless Resource Center. Homeless Outreach staff has been able to build bridges with the South Dakota State Penitentiary to provide education to staff as well as outreach services to those being released from jail or prison. It should also be noted that a 19 to 21 week program for those diagnosed with Personality Disorders is available for consumers as well; the Homeless Outreach Coordinator facilitates this programming, which makes more education and support available to consumers. There has been a great amount of success with this program and this program will continue to be offered to not only CARE consumers but also to consumers of the Homeless Outreach Program. There are other groups that are available to homeless program consumers, which include anger management and an addictions group, however often consumers do not begin to attend these groups until they are in CARE services, as their ability to participate is often inhibited by instability that requires stabilization before focus can be given to these groups.

f. Strategies for making suitable housing available to PATH clients:

The housing continuum usually consists of consumers initially being in temporary shelters, on the street or living with others, as they have no other choice. We begin by helping the consumer identify temporary housing options such as shelters/motels/sleeping rooms. We then assess the consumer's needs and level of functioning so that we can determine what would be the best housing option. The eventual goal is to assist

consumers in locating permanent housing. For permanent, subsidized housing options, coordination is done with Sioux Falls Housing programs, independently subsidized units, and the Shelter Plus Care Program for those who need additional support to live independently. The Shelter Plus Care Program has been extremely successful and has been expanded to 44 certificates to allow Homeless Outreach staff to house additional consumers. Sioux Falls Housing assists Southeastern Behavioral HealthCare in applying for the Shelter Plus Care Program to be funded via a grant through the Housing for the Homeless state consortium. Southeastern Behavioral HealthCare was also awarded a local grant a couple of years ago to assist housing those who are being released from prison. This grant allows the Homeless Outreach Program to assist those individuals with paying for the first month's rent as well as the deposit for the first month. It also provides them with assistance in purchasing a bus pass for one month to assist them in getting to work each day should they not have their own means of transportation. It would certainly be conceivable to continue to expand these programs if and when financial resources are available.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

In order to avoid duplication and to use our financial resources in the most efficient way, a core group of emergency service providers meet monthly and services are discussed at the Sioux Empire Homeless Coalition's Homeless Forums. The outreach staff continues to be well versed in community services and link people to the necessary services. Staff either accompany a consumer to agencies/apartment search, or make phone contact to ensure that coordination is happening. Ongoing contact is also made with these service providers in order to keep agency staff trained and plan for future needs. Referrals come from any of the prior stated agencies. Homeless Outreach staff attends regular meetings for the Housing for the Homeless Statewide Consortium. This allows for coordination with programs statewide as well as providing Homeless Outreach staff with the opportunity to be aware of services provided by other care providers across the state.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

1. Gender: When looking for housing we always consider gender, specifically safety issues for women. Staff will consider gender in assigning a CARE primary case manager.

2. Age: When looking for housing, age is considered in terms of physical limitations/accessibility and the age of others living in the building for social support.

If appropriate, we connect individuals with the Center for Active Generations, DSS/Adult Services or other appropriate services based on age.

3. Race/Ethnic: SEBH provide services to a relatively low number of culturally diverse populations. SEBH does coordinate with other agencies such as Urban Indian Health and Lutheran Social Services Refugee Resettlement program when appropriate. Staff has attended cultural sensitivity sessions at conferences and locally through LSS/Refugee Resettlement Program in order to improve mental health services. Additional funding would allow staff additional training. In instances where we are working with immigrants and refugees, noting this to be fairly infrequent, it becomes somewhat difficult to assess what is cultural, what is psychosis and what may be PTSD or brain damage as a result of harsh treatment in their country of origin. Other difficulties include language barriers. We coordinate closely with LSS in these instances for education and interpretation services when possible. Southeastern Behavioral HealthCare Homeless Outreach Program hosted Lutheran Social Services staff to provide an educational in-service, to not only Homeless Outreach staff but also to the CARE program staff, on working with refugees and to identify the cultural issues that may/can be present.

Staff is 100% Caucasian. Consumer's are 88% Caucasian, 10% Native American, and the remaining 2% are multi-racial.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning, implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Community Support Services (formerly known as 5th Street Connection) keeps in regular contact with the Sioux Falls Alliance for the Mentally Ill through attending their monthly meetings. We also gather information from family members through consulting them when we are considering new services or amending a service. We also discuss housing issues with them and utilize their opinions when considering housing development. A consumer's input is also sought during clinical visits and their involvement in development of their treatment plans is highly encouraged. Consumers and local agencies are forwarded Homeless Outreach Program evaluations each year. This evaluation requests their assessment of not only the program itself and the services that they received, but also of the staff that they worked with. This provides the Homeless Outreach Coordinator with the necessary feedback to assess any changes that may need to take place within the program and to assure that Homeless Outreach staff is providing quality services in a respectful, courteous, and professional manner.

7. Budget Narrative

The personnel costs in the Homeless Outreach Programs' budget, is inclusive to the actual staff time logged to the Homeless Outreach Program itself. It also includes the retirement plan (TSA), group health insurance; employment physicals, payroll taxes,

professional liability, and workers' comp insurance. The categories of staff time and benefits are included in the personnel costs. Under the category of supplies are items that are necessary for operation. This would include items such as postage, costs for maintaining the office space in which the Homeless Outreach Program occupies, and costs associated with the use and maintenance of vehicles. The Contractual Services includes the Representative Payee Program that Southeastern Behavioral HealthCare contracts for with the Minnehaha County Department of Human Services (formerly identified as Minnehaha County Welfare Office). This program allows for consumers to receive assistance with managing their finances noting this program is extremely successful and many consumers find it quite helpful as it alleviates the stress of managing their own finances.

INDIVIDUAL PROVIDER DESCRIPTION

SOUTHERN PLAINS BEHAVIORAL HEALTH SERVICES BOX 662 WINNER, SD 57580

INTENDED USE PLAN

- 1. Provide a brief description of the provider organization receiving PATH funds including name, type of organization, services provided by the organization and region served.**

Southern Plains Behavioral Health Services, (SPBH) is a private, non-profit community mental health center and provides services to residents of Gregory, Tripp, Todd, and Mellette Counties. SPBH also provides services on the Rosebud Indian Reservation. Services provided include: outpatient services, emergency services, consultation and education services, services to children with severe and persistent emotional disturbances, and services to adults with severe and persistent mental illness (SPMI). SPMI services include: case management, crisis assessment and intervention, liaison services, symptom assessment and management, medication prescription, administration, monitoring, and documentation; direct assistance for basic necessities of daily life, development of psychosocial skills, and encouragement of family participation.

- 2. Indicate the amount of federal PATH funds the organization will receive.**

SPBH is requesting \$2,500.00 federal PATH funds for security deposits and one-time rental assistance.

- 3. Describe the organization's plan to provide coordinated and comprehensive services to eligible PATH clients, including:**

- a. The projected number of clients who will receive PATH-funded services in FY 2008. Indicate what percentage of clients served with PATH funds are projected to be "literally" homeless.**

The estimated number of PATH eligible clients who will be served by SPBH through the use of requested FY2008 PATH funds is 10 individuals. Approximately 20% of the 10 are "literally" homeless and 80% are at imminent risk of becoming homeless.

- b. List services to be provided, using PATH funds:**

Housing services will include one-time rental and security deposits.

- c. Community organizations that provide key services to PATH eligible clients and describe the coordination with those organizations.**

SPBH population requires a full range of services in both areas. SPBH uses inpatient services of the contract agencies for the Division of Alcohol and

Drug for persons in need of treatment. In mental health, SPBH uses the State Psychiatric Hospital in Yankton or the Hospitals in Sioux Falls. SPBH offers all outpatient programs including case management. Alcohol and Drug outpatient services are offered in the area and are readily available. The Detox center in Mitchell is used and all services are parallel.

All services offered by SPBH are available to patients with co-occurring disorders. We evaluate all intakes for the disorder. It is part of the history of SPBH. SPBH works closely with Main Gate Counseling to provide the services necessary to treat both the mental health diagnosis and the chemical dependency need.

SPBH has a working agreement with the three agencies in the area served for Alcohol and Drug related problems and for co-occurring disorders.

Main Gate Counseling is the core agency for Tripp, Gregory, and Mellette counties. SPBH works closely with referrals being submitted from each. Main Gate Counseling refers clients to SPBH and uses their psychiatrists as needed and SPBH does their psychological evaluations. Treatment goes on at the same time but in a parallel manner. They provide all alcohol and drug treatment except residential.

In Todd County, SPBH works with RST Alcohol and Drug Treatment Program. They are the Rosebud Sioux Tribal Program for alcohol and drug treatment. They have a residential program as well as outpatient services of all kinds and serve only Native Americans. The patients who are not tribal members come to Winner Alcohol and Drug for services.

d. Gaps in the current service system:

Gaps in the current service include primarily transportation. Bus services are presently available for residents of the City of Winner through the Winner Transit System and for the rosebud Sioux Tribe with the Tribal Transportation Organization. However, a number of the other counties and communities do not have appropriate public transportation and transportation has always been a problem.

Paying for utilities and telephone services is often difficult for individuals in our area due to high poverty rate. Unemployment is also high in the catchment area.

e. Services available for clients who have both a serious mental illness and substance use disorder:

SPBH has a cooperative agreement with Main Gate Counseling, treats both mental health and chemical dependency needs. SPBH has worked and been successful with clients with co-occurring disorders. SPBH staff has alcohol and drug counseling training, but SPBH does not deliver alcohol and drug

services directly. SPBH works with RST Alcohol and Drug Treatment Program in Todd County to provide parallel mental health and substance abuse services. SPBH does provide prevention services and do make appropriate referrals.

f. Strategies for making suitable housing available to PATH clients:

SPBH staff has applications for all participating HUD apartments in the area. Clients are assisted in filling out these applications, acquiring all necessary information, and attaching them to the applications and preparing the application for mailing. If an appeal is necessary, SPBH is able to assist them in addressing this process and helping them to resolve the issue. Both Tripp County and Gregory County have short term shelters, which consist of hotel lodging.

4. Describe the participation of PATH local providers in the HUD Continuum of Care program and any other local planning, coordinating or assessment activities.

The local PATH providers in the HUD continuum will be represented by SPBH's local board of directors and the CARE team program staff members. These groups provide the necessary vehicle to successfully drive the process of planning and coordinating this project. Their technical assistance and guidance will assist this program in providing appropriate interventions to assist clients in addressing their housing needs and to avoid unnecessary homelessness and crisis situations. With the partnership of these two groups, this project will be able to assess the needs of each individual on a case by case basis to help them acquire the housing appropriate to meet their individual needs.

5. Describe (a) the demographics of the client population; (b) the demographics of the staff serving the clients; (c) how staff providing services to the target population will be sensitive to age, gender, and racial/ethnic differences of the clients; and (d) the extent to which staff receive periodic training in cultural competence.

SPBH staff travel daily to various outreach offices within the four-county area. 100% of staff at SPBHS is Caucasian. Client demographics include: 60.3% Caucasian, 39.35% American Indian, and .35% other. Staff receive training through SPBH and their education programs to be sensitive to age, gender, and racial/ethnic differences of the consumer's they serve.

Staff receives ongoing training in specific area, including but not limited to, poverty, alcohol and drug related disorders, the elderly, children, and co-occurring disorders. Many of the therapists have attended classes and are graduates of Sinte Gleska University which is a Native American University on the Rosebud Indian reservation. SPBH staff has ongoing training in cultural competence.

6. Describe how persons who are homeless and have serious mental illnesses and any family members will be involved at the organizational level in the planning,

implementation, and evaluation of PATH-funded services. Also, are persons who are PATH-eligible employed as staff or volunteers? Do persons who are PATH-eligible serve on governing or formal advisory boards?

Homeless consumers and their family members will be involved at the organization level in the planning, implementing, and evaluating our PATH grant funded services.

Currently, there are no homeless consumers on the mental health board; however there are consumers on the board. SPBH board meetings are open to the public and are advertised appropriately. During the annual meeting the public is also invited and SPBH is also involved in community surveys which indicate whether consumers are satisfied with their services. A recent survey indicated that over 97% of the clients who answered the survey were involved in development of their own treatment program.

7. Budget Narrative

PATH grant funds will support individuals suffering from both a serious mental illness and a substance use disorder with a one-time rental assistance and security deposit. SPBH is requesting \$2,500 for this service.

PROVIDER – BEHAVIOR MANAGEMENT SYSTEMS

LINE ITEM BUDGET

Personnel	Annual Salary	PATH Funded FTE	PATH funded
Homeless Outreach Coordinator	\$38,927.00	.75	\$29,195.00
Homeless Outreach Worker	\$29,268.00	1.00	\$29,268.00
Homeless Outreach Worker	\$28,837.00	1.00	\$28,837.00
Total Personnel		2.75	\$87,300.00
Fringe Benefits (22%)			\$3,492.00
Continuing Education/Training			\$ 2,743.00
Rental/Security Deposits			\$ 8,000.00
TOTAL			\$101,535.00

PROVIDER – COMMUNITY COUNSELING SERVICES

LINE ITEM BUDGET

Rental/Security Deposits	\$5,000
TOTAL	\$5,000

PROVIDER – DAKOTA MENTAL HEALTH CENTER

LINE ITEM BUDGET			
Personnel	Annual Salary	PATH funded FTE	PATH funded
Case Manager	\$28,000	.145	\$4,100
Rental/Security Deposits			\$3,000
TOTAL			\$7,100

**PROVIDER – EAST CENTRAL MENTAL HEALTH & CHEMICAL DEPENDENCY
CENTER**

LINE ITEM BUDGET

Rental/Security Deposits	\$ 1,400
TOTAL	\$ 1,400

PROVIDER – HUMAN SERVICE AGENCY
LINE ITEM BUDGET

Rental/Security Deposits	\$2,000
TOTAL	\$2,000

PROVIDER – LEWIS & CLARK BEHAVIORAL HEALTH SERVICES

LINE ITEM BUDGET

Personnel	Annual Salary	PATH funded FTE	PATH funded
Homeless Coordinator	\$30,035	.083	\$2,500
Fringe Benefits (20%)			\$ 500
Rental/Security Deposits			\$4,000
TOTAL			\$7,000

PROVIDER – NORTHEASTERN MENTAL HEALTH CENTER

LINE ITEM BUDGET

Rental/Security Deposits	\$1,500
TOTAL	\$1,500

PROVIDER – SOUTHEASTERN BEHAVIORAL HEALTHCARE

LINE ITEM BUDGET

Personnel	Annual Salary	PATH funded FTE	PATH funded
Homeless Outreach Coordinator	\$40,768	.90	\$36,691
Homeless Outreach Worker	\$29,577	1	\$29,577
Homeless Outreach Worker	\$25,550	.50	\$12,775
Homeless Benefit Specialist	\$26,000	.50	\$13,000
Total Personnel		2.85	\$92,043
Fringe Benefits (25%)			\$33,948
Professional Services-Payee Representative Program			\$22,797
Training, Education, and PATH National Conference			\$ 5,040
Rental/Security Deposits			\$ 5,000
TOTAL			\$159,965

PROVIDER – SOUTHERN PLAINS BEHAVIORAL HEALTH SERVICES

LINE ITEM BUDGET

Personnel	Annual Salary	FTE	Path funded
Rental/Security Deposit			\$2,500.00
Total			\$2,500.00

Certifications (page 1)

SF LLL Lobbying

Checklist

Appendix A
CMHS's Service Area Map

CMHS's Service Area Map (one page only)

Appendix B
Adult Transformation Efforts and Activities in the State in Criteria 2
SFY 2008 SD State Plan

Services to Homeless Populations

Through the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program (P.L. 101-645, Title V, Subtitle B), the Division of Mental Health makes funds available to accredited community mental health centers. The allocation amounts are based on the need for services. The more urban areas of Sioux Falls and Rapid City have the largest homeless populations; therefore, the need for funding to address the issue of homeless is greatest in these locations-and they receive the highest allocation amounts.

The primary goal of PATH is the identification and provision of services to individuals with a severe mental illness and/or dually-diagnosed and children with serious emotional disturbance and their families, who are homeless, and who have not previously been served or served successfully by community mental health centers.

In order to make the best use of PATH funds, the Division has divided funds into two separate categories. Category 1 is for the provision of direct mental health services. Category 2 funds are used for one-time rental assistance and security deposits. Category 1 funds are made available to provide the following services:

- ◆ Outreach services
- ◆ Screening and diagnostic treatment services
- ◆ Habilitation/rehabilitation services
- ◆ Community mental health services
- ◆ Case management
- ◆ Alcohol/drug treatment services
- ◆ Referrals for primary health services
- ◆ Job training
- ◆ Educational services

It is assumed that many of the individuals eligible for services under PATH have historically not linked with the community mental health center system or have received limited services due to sporadic utilization. The ability to provide services in a variety of locations and to consumers who are not tied to a specific funding source should assist individuals in accessing the necessary supports in a less intrusive, more comfortable fashion. An additional benefit is the flexibility for staff to monitor consumer status in a non-clinical setting.

The PATH program in Sioux Falls, our largest metropolitan area, provides a Medication Management Program for individuals receiving PATH services. This program utilizes University of South Dakota (USD) Psychiatry residents, overseen by a USD staff psychiatrist, to provide psychiatric services at no cost to the PATH clients. This program operates one afternoon a week at the local PATH Homeless Outreach Program. PATH clients have seen this program as

very beneficial in assisting them in obtaining needed medications, as well as ultimately helping them to become stable enough to locate and secure permanent housing.

Appendix B
Child Transformation Efforts and Activities in the State in Criteria 3
SFY 2008 SD State Plan

Outreach to Homeless

Through the Projects for Assistance in Transition from Homelessness (PATH) Formula Grant Program (P.L. 101-645, Title V, Subtitle B), the Division of Mental Health makes funds available to accredited community mental health centers. The allocation amounts are based on the need for services. The more urban areas of Sioux Falls and Rapid City have the largest homeless populations; therefore, the need for funding to address the issue of homeless is greatest in these locations-and they receive the highest allocation amounts.

The primary goal of PATH is the identification and provision of services to individuals with a severe mental illness and/or co-occurring disorders of mental health/substance abuse and their families who are homeless, and who have not previously been served or served successfully by community mental health centers. Children with SED who have a parent/guardian that meets the criteria for PATH eligibility would also be eligible for PATH funds.

As part of PATH services, the local PATH Outreach Workers are expected to work with the homeless families in identifying children and youth with SED or who may be at risk of SED. The Outreach Workers would then assist the parent(s)/guardian(s) in securing needed mental health services for their children and link them with other services the child/family needs to remain in the community. In summary, the local PATH programs would provide assistance until the family becomes linked with ongoing mental health treatment and/or case management, and social service agencies, or when the family is no longer homeless, or no longer accepts services. In addition, if a child is already identified as SED and receiving services through the SED program, and the child and family become homeless or have an increased risk to become homeless, the SED case managers will work with the families to locate and obtain permanent, stable housing, as well as link the child/family with other child serving agencies to assist in keeping the family intact and healthy.

In order to make the best use of PATH funds, the Division has divided funds into two separate categories. Category 1 is for the provision of direct mental health services. Category 2 funds are used for one-time rental assistance and security deposits. Category 1 funds are made available to provide the following services:

- ◆ Outreach services
- ◆ Screening and diagnostic treatment services
- ◆ Habilitation/rehabilitation services
- ◆ Community mental health services
- ◆ Case management
- ◆ Alcohol/drug treatment services
- ◆ Referrals for primary health services
- ◆ Job training
- ◆ Educational services

It is assumed that many of the individuals eligible for services under PATH have historically not linked with the community mental health center system or have received limited services due to sporadic utilization. The ability to provide services in a variety of locations and to consumers who are not tied to a specific funding source should assist individuals in accessing the necessary supports in a less intrusive, more comfortable fashion. An additional benefit is the flexibility for staff to monitor consumer status in a non-clinical setting.